

INVOICE**PLEASE REMIT TO:**

INDIANA DEPT OF ENVIRONMENTAL MGMT
100 NORTH SENATE AVENUE
PO BOX 7060
INDIANAPOLIS IN 46207-7060

Page: 1
Invoice No: 000027970
Invoice Date: 08/05/2004
Customer Number: CST100004087
Bill Type: 062
Payment Terms: NET 60
Due Date: 10/04/2004

Customer

LITTLE BIG HORN GOLF CLUB
MR LEE WEBB
5179 EAST OLD ROAD 30
PIERCETON IN 46562

AMOUNT DUE: 33.33 USD

33.33
Amount Remitted

☐ Note Address Changes Above.

For billing questions, please call 317-233-0604

Line	Adj Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
<p>- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit: http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html</p> <p>- Fees are based on the activity status as of December 31 of the previous year.</p> <p>- Fees on Transient Non-Community Water System will be based on the type of water system on record by December 31 of the prior year.</p> <p>- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.</p> <p>- Fees assessed for 2004 billing year are equal to one-third (1/3) of the fee required as established under section 2 of the above-mentioned law.</p> <p>- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.</p> <p>- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.</p> <p>- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.</p> <p>- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.</p> <p>- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.</p>						
1	04-IN2431108T-0	PWS Fee - GW	1.00		33.33	33.33

TOTAL AMOUNT DUE:

33.33

Please Include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.

**DEM-AR
PAID**

RCVD AUG 19 '04